

SECTION 13

PARTICIPANT CO-PAYS

Participants eligible to receive certain MO HealthNet services are required to pay a small portion of the cost of the services. This amount is referred to as a co-payment or a co-pay. The co-pay amount is paid by the participant at the time services are rendered. Services of the hospital program described in this book may be subject to a co-pay amount. The provider must accept in full the amounts paid by the state agency plus any co-pay amount required of the participant.

PROVIDER RESPONSIBLE FOR COLLECTING CO-PAY AMOUNTS

Providers are responsible for collecting the co-pay amounts from the MO HealthNet participant. The MO HealthNet Program will not increase its reimbursement to a provider to offset an uncollected co-pay from a participant. The provider is to collect a co-pay from a participant at the time each service is provided or at a later date. Providers of services subject to a co-pay requirement may not deny or reduce services otherwise eligible for MO HealthNet benefits on the basis of the participant's inability to pay the due co-pay amount when charged.

A participant's inability to pay a required co-pay amount, as due and charged when a service is delivered, in no way shall extinguish the participant's liability to pay the amount due or prevent a provider from attempting to collect a co-pay.

As a basis for determining whether an individual is able to pay the charge, the provider is permitted to accept, in the absence of evidence to the contrary, the participant's statement of inability to pay at the time the charge is imposed.

The provider of service must keep a record of co-pay amounts collected and of the co-pay amount due but uncollected because the participant did not make payment when the service was rendered.

The co-pay amount must not be shown on the claim form. The co-pay amount is deducted from the allowable amount, as applicable, before reimbursement is made to the provider.

PARTICIPANT'S RESPONSIBILITY TO PAY CO-PAY AMOUNTS

Unless otherwise exempted (see the following information), it is the participant's responsibility to pay the required co-pay amount due. Whether or not the participant has the ability to pay the required co-pay amount at the time the service is furnished, the amount is a legal debt and is due and payable to the provider of service.

CO-PAY AMOUNTS

The following co-pay amounts are applied to hospital services:

Inpatient Hospital	\$10.00 per hospital stay (applicable on date of admission and charged to the participant prior to discharge)
Outpatient Clinic or Emergency Room	\$3.00 for each date of service

| Only one co-pay applies per date of service.

EXEMPTIONS TO THE CO-PAY AMOUNT

| The following participants or conditions are exemptions to the participant's responsibility for the co-pay amount:

Participants

- Services provided to participants under nineteen (19) years of age; or participants receiving MO HealthNet under the following categories of assistance: ME Codes 06, 33, 34, 36, 40, 52, 56, 57, 60, 62, 64, 65, 71, 72, 73, 74, 75, 87 and 88;
- Services provided to participants residing within a skilled nursing home, an intermediate care nursing home, a residential care home, an adult boarding home or a psychiatric hospital; or participants receiving MO HealthNet under the following categories of assistance: ME Codes 23 and 41;
- Services provided to participants who have both Medicare and MO HealthNet if Medicare covers the service and provides payment for it; or participants receiving MO HealthNet under the following category of assistance: ME Code 55;
- Services provided to pregnant women who are receiving MO HealthNet under the following categories of assistance only: ME Codes 18, 43, 44, 45, 58, 59 and 61;
- Services provided to foster care participants who are receiving MO HealthNet under the following categories of assistance: ME Codes 07, 08, 28, 29, 30, 37, 49, 50, 51, 63, 66, 67, 68, 69 and 70;
- Services provided to persons receiving MO HealthNet under a category of assistance for the blind: ME Codes 02, 03, 12 and 15;
- Services provided to MO HealthNet Managed Care enrollees.

Conditions

- Emergency or transfer inpatient hospital admission;
- Emergency services provided in an outpatient clinic or emergency room after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in:
 - Placing the participant's health in serious jeopardy;
 - Serious impairment to bodily functions; or
 - Serious dysfunction of any bodily organ or part;

- Certain therapy services (physical therapy, chemotherapy, radiation therapy, and chronic renal dialysis) except when provided as an inpatient hospital service;
- Services identified as medically necessary through an Early Periodic Screening, Diagnostic and Treatment (EPSDT) screen;
- Mental Health services provided by community mental health facilities operated by the Department of Mental Health or designated by the Department of Mental Health as a community mental health facility or as an alcohol and drug abuse facility or as a child-serving agency within the comprehensive children's mental health service system;
- Family planning services;
- MO HealthNet Waiver services;
- Hospice services; and
- Personal Care services which are medically oriented tasks having to do with a person's physical requirements, as opposed to housekeeping requirements, which enable a person to be treated by his physician on an outpatient, rather than on an inpatient or residential basis in a hospital, intermediate care facility, or skilled nursing facility.

UNCOLLECTED CO-PAY DEBT

If it is the routine business practice of a provider to discontinue future service to an individual with uncollected debt, the provider may include uncollected co-pay under this practice. However, a provider shall give a MO HealthNet participant a reasonable opportunity to pay an uncollected co-pay. If a provider is not willing to provide services to a MO HealthNet participant with an uncollected co-pay, the provider must give the participant advanced notice and a reasonable opportunity to arrange care with a different provider before services can be discontinued.